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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 023900

2009 APR 15 AM 9:08

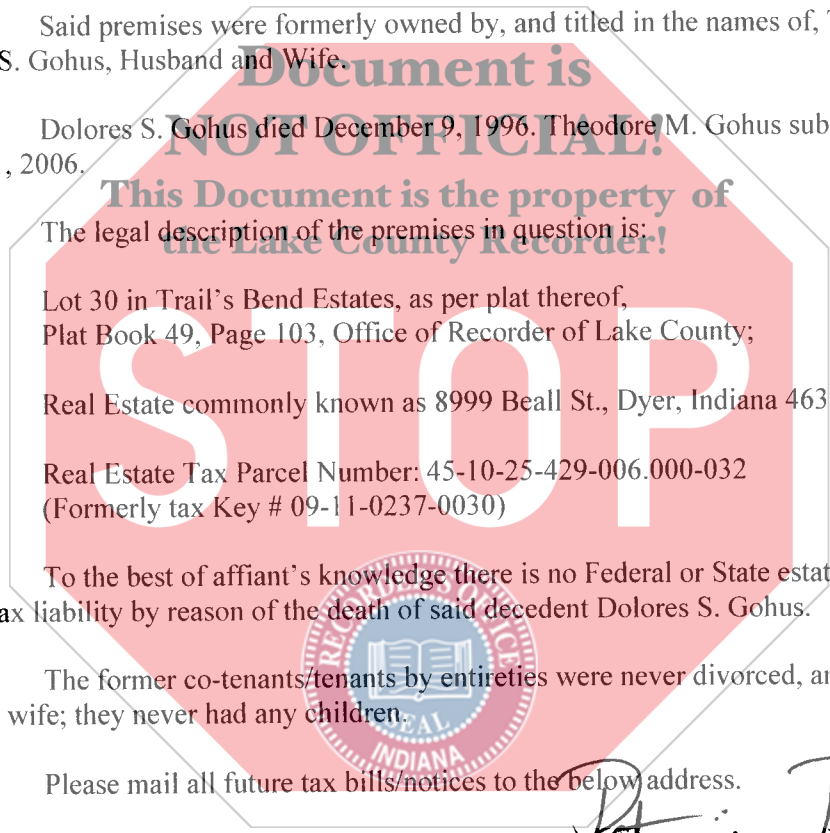
MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

On this 7th day of APRIL, 2009, before me personally appeared Patricia Petrunaro to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is the adult sister in law of Theodore M. and Dolores S. Gohus and Court appointed Personal Representative in the Unsupervised Estate Administration, Lake Superior Court, Room One, Estate Number: 45D01-0701-EU-08.
3. Said premises were formerly owned by, and titled in the names of, Theodore M. and Dolores S. Gohus, Husband and Wife.
4. Dolores S. Gohus died December 9, 1996. Theodore M. Gohus subsequently died December 31, 2006.
5. The legal description of the premises in question is:
 Lot 30 in Trail's Bend Estates, as per plat thereof,
 Plat Book 49, Page 103, Office of Recorder of Lake County;
 Real Estate commonly known as 8999 Beall St., Dyer, Indiana 46311
 Real Estate Tax Parcel Number: 45-10-25-429-006.000-032
 (Formerly tax Key # 09-11-0237-0030)
6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent Dolores S. Gohus.
7. The former co-tenants/tenants by entireties were never divorced, and remained husband and wife; they never had any children.
8. Please mail all future tax bills/notices to the below address.



Signature: Patricia Petrunaro
 Address: Patricia Petrunaro
 10336 Marlou Drive
 Munster, Indiana 46321

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STATE OF INDIANA)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Patricia Petrunaro, who acknowledged execution of the foregoing document and who, being duly sworn, stated the representations contained therein to be true.

WITNESS my hand and Notarial Seal this 7th day of APRIL, 2009.
 My Commission Expires: 12-12-2014
 Resident of Lake County

Kenneth A. Manning
 Kenneth A. Manning, Notary Public

I affirm under the penalties of perjury, that I have taken reasonable care and steps to redact each social security number in the document, including attachments, unless required by law.

Kenneth A. Manning
 Kenneth A. Manning

Instrument Prepared By: Kenneth A. Manning (9015-45), 200 Monticello Drive, Dyer, Indiana 46311; phone: (219) 865-8376

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

APR 13 2009
 PEGGY HOLINGA KATONA
 LAKE COUNTY AUDITOR

929-1253
 TICOR SO 002665

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 3416-96

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

41012
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

| | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|---|--|--|--|--|--|--|--|--|--|
| 1 DECEASED—NAME (First, Middle, Last) Dolores S. Gohus | | | | 2 SEX Female | | 3a TIME OF DEATH 3:30P M | | 3b DATE OF DEATH (Month, Day, Yr.) December 9, 1996 | | | | | | | |
| 4 *SOCIAL SECURITY NUMBER [REDACTED] | | 5a AGE—Last Birthday (Years) 52 | | 5b UNDER 1 YEAR Months Days | | 5c UNDER 1 DAY Hours Minutes | | 6 DATE OF BIRTH (Mo, Day, Yr.) August 14 1944 | | 7 BIRTHPLACE (City and State or Foreign Country) East Chicago | | | | | |
| 8a WAS DECEDENT A U.S. VETERAN? No | | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? None | | 9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence | | | | 9b FACILITY NAME (If not institution, give street and number) 8999 Beall St. | | | | 9c CITY, TOWN, OR LOCATION OF DEATH Dyer | | 9d COUNTY OF DEATH Lake | |
| 10 MARITAL STATUS (Specify) Married | | 11 SURVIVING SPOUSE (If wife, give maiden name) Theodore M. Gohus | | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) office Manager | | | | 12b KIND OF BUSINESS/INDUSTRY University | | | | | | | |
| 13a RESIDENCE—STATE IN | | 13b COUNTY Lake | | 13c CITY, TOWN, OR LOCATION Dyer | | | | 13d STREET AND NUMBER 8999 Beall St | | | | | | | |
| 13a ZIP CODE 46311 | | 13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | 14 CITIZEN OF WHAT COUNTRY? USA | | 15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | | 16 RACE—American Indian, Black, White, etc. (Specify) White | | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +) | | | | | |
| 18 FATHER'S NAME (First, Middle, Last) Stanley J. Marciniak | | | | | | 19 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Onischuk | | | | | | | | | |
| 20a INFORMANT'S NAME (Type/Print) Theodore Gohus | | | | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8999 Beall St. Dyer, IN 46311 | | | | 20c Relationship Husband | | | | | | | |
| 21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | | | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Oakland Memory Lanes December 13, 1996 | | | | 21c LOCATION—City or Town, State Dolton, IL | | | | | | | |
| 22a EMBALMER'S NAME James Porras | | | | 22b EMBALMER'S LICENSE NO. 1045964 | | 23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | | | | | | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i> | | | | 24b LICENSE NUMBER (of Licensee) 1045184 | | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish FH 8415 Calumet Ave Munster, IN 46321 #3004968 | | | | | | | | | |
| 26 PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. PROGRESSIVE METASTATIC BREAST CANCER | | | | | | | | | | Approximate Interval Between Onset and Death 1/94 | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT | | | | | | | | | | | | | | | |
| Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last DEC 13 1996 | | | | | | | | | | | | | | | |
| PART II. Other significant conditions or conditions contributing to death but not previously stated in Part I Alexander B. Williams, M.D. LAKE COUNTY HEALTH COMMISSIONER | | | | | | | | | | 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No | | 28a WAS AN AUTOPSY PERFORMED? (Yes or no) No | | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) | |
| 29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated | | | | | | | | | | 29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> | | 29c MEDICAL LICENSE NO. 01031582 | | 29d DATE SIGNED (Month, Day, Year) 12-12-96 | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Lyle Munn, M.D. 4321 First Street, East Chicago, IN 46312 | | | | | | | | | | 31 HEALTH OFFICER'S SIGNATURE <i>Alexander B. Williams, M.D.</i> | | 32 DATE FILED (Month, Day, Year) December 13, 1996 | | | |
| 33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide | | 34a DATE OF INJURY (Month, Day, Year) | | 34b TIME OF INJURY | | 34c INJURY AT WORK? (Yes or no) | | 34d DESCRIBE HOW INJURY OCCURRED | | | | | | | |
| 34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | | | 34f LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | | | | | | | |
| 34g DATE PRONOUNCED DEAD (Month, Day, Year) | | | | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. | | | | | | | | | | | |

